

**Wisconsin Medicaid fee schedule for mental health and substance abuse services
in the home or community**

Procedure code	Procedure code description	Contracted Rate*	Reimbursement (federal share) paid 10/1/02 through 3/31/03	Reimbursement (federal share) paid 4/1/03 through 9/30/03	Reimbursement (federal share) paid on and after 10/1/03
W7400	Psychiatric diagnostic interview exam — home or community by Psychiatrist	\$150.04	\$87.67	\$92.30	\$92.09
W7401	Psychiatric diagnostic interview exam — home or community by Ph.D.	\$112.53	\$65.75	\$69.23	\$69.07
W7402	Psychiatric diagnostic interview exam — home or community by Masters	\$90.04	\$52.61	\$55.39	\$55.27
W7403	Individual psychotherapy/substance abuse therapy — home or community by Psychiatrist	\$150.04	\$87.67	\$92.30	\$92.09
W7404	Individual psychotherapy/substance abuse therapy — home or community by Ph.D.	\$112.53	\$65.75	\$69.23	\$69.07
W7405	Individual psychotherapy/substance abuse therapy — home or community by Masters	\$90.04	\$52.61	\$55.39	\$55.27
W7406	Individual substance abuse therapy — home or community by AODA Counselor	\$60.00	\$35.06	\$36.91	\$36.83
W7407	Individual substance abuse therapy — home or community by MD other than Psychiatrist	\$150.04	\$87.67	\$92.30	\$92.09
W7408	Group psychotherapy/substance abuse therapy — home or community by Psychiatrist	\$37.51	\$21.92	\$23.08	\$23.02
W7409	Group psychotherapy/substance abuse therapy — home or community by Ph.D.	\$28.11	\$16.42	\$17.29	\$17.25
W7410	Group psychotherapy/substance abuse therapy — home or community by Masters	\$22.51	\$13.15	\$13.85	\$13.82
W7411	Group substance abuse therapy — home or community by AODA Counselor	\$15.01	\$8.77	\$9.23	\$9.21
W7412	Group substance abuse therapy — home or community by MD other than Psychiatrist	\$37.51	\$21.92	\$23.08	\$23.02
W7413	Pharmacologic management — home or community by Psychiatric Advanced Practice Nurse Prescriber (APNP), Physician Assistants, and Psychiatrists (quantity 1.0 = 15 minutes)	\$37.51	\$21.92	\$23.08	\$23.02
W7414	Pharmacologic management — home or community by Psychiatric Nurse (quantity 1.0 = 15 minutes)	\$22.52	\$13.16	\$13.85	\$13.82

* Contracted rates are effective for dates of service (DOS) on and after July 1, 2002.

Wisconsin Medicaid-certified providers will be reimbursed the rates listed on this schedule for covered services provided to eligible recipients.

This fee schedule contains the following information:

Procedure Code	The procedure code recognized by Wisconsin Medicaid to identify the service provided.
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Description	An abbreviated description of the procedure code.
Contracted Rate	The uniform rate determined by the Division of Health Care Financing (DHCF). For medication management (W7413, W7414, and 90862), this is the rate for 15 minutes.
Reimbursement (federal share)	The federal share of the contracted rate. This is the amount paid per unit by Wisconsin Medicaid.

The fee schedule does not address the various coverage limitations routinely applied by Wisconsin Medicaid before final payment is determined (e.g., recipient and provider eligibility, billing instructions, frequency of services, third-party liability, copayment, age restrictions, and prior authorization).

The preceding information is intended to help providers understand the Wisconsin Medicaid fee schedule. For questions about the fee schedule, providers should contact Provider Services at (800) 947-9627 or (608) 221-9883. For questions about rates, providers should contact the DHCF by writing to:

Policy Analyst
Division of Health Care Financing
Mental Health and Substance Abuse Services
PO Box 309
Madison WI 53701-0309